PROGRAM APPLICATION - NEW PROGRAMS

COVER SHEET

PROGRAM INFORMATION

Name:			
Address:			
Phone #:			
Fax #:			
E-Mail:			
Contact Person:			
Year Program Began: _			
Number of Neutrals on	Program Roster:		
COURT EXPERIENC	TIF.		
	y, for which your program has	provided ADP services	
Court	Length of Service	Type of ADR Service	
Court	Length of Service	Type of ADR Service	
_			

CERTIFICATION

I certify the following with regard to the below-named program: that it qualifies as a "program" as that term is used in Rule 2 of the Uniform Rules; that it agrees to comply with the Trial Court Policy on Data Collection and Record Keeping set forth in Appendix B; that it agrees to comply with the Trial Court Complaint Mechanism set forth in Appendix C; that it agrees to comply with the Trial Court Policy on Evaluation of Dispute Resolution Services set forth in Appendix D; that it agrees to comply with the standards set forth in Rule 7 of the Uniform Rules; that it agrees to comply with the standards set forth in Rule 8 and the Guidelines for the implementation of Rule 8 to ensure that neutrals on its roster meet applicable qualification standards; (See Appendix E) that it will follow the ethical standards set forth in Rule 9 of the Uniform Rules; and that it is in compliance with all other applicable state and federal laws.

All the information contained in this application is true to the best of my knowledge and belief.

Signature
Print Name
Title
Authorized agent for the
Program.
Date

PROGRAM APPLICATION - NARRATIVE

1. Program Information:

Indicate numbers and types of cases handled for each of the past three years. List all types of ADR services provided. Describe in detail the services listed on cover sheet which your program has previously provided to a court. Describe any special expertise your program offers based on experience or training of neutrals on your roster. To comply with the need for foreign languages, American sign language or oral interpreting, list any related fluency on the part of your neutrals. Describe the hours your program's services are available.

2. Space:

If approved, where will you provide services? If space is not available in a courthouse, where, specifically, would you provide services in each division? Is the space handicapped accessible? Describe any guidelines you have for the type of space required.

3. Methodology:

Describe and attach your process and policies in accordance with Uniform Rule 7(a) for receiving referrals, screening referrals for appropriateness, scheduling or canceling sessions, distributing cases among neutrals on the roster, and following up after sessions. Describe your policies for assuring that clients are not subject to inappropriate pressure to settle.

4. Quality Control:

Describe in detail how you evaluate your program performance and how you monitor your neutrals. Describe any additional steps you take to ensure the quality of services you provide. Describe your process for assembling and maintaining the roster of neutrals, including the methods for adding and removing neutrals in accordance with Uniform Rule 7(c).

5. Record Keeping:

Describe the types of records you keep and the types of data you collect.

6. Diversity:

Describe or attach any policies you have prohibiting discrimination against your staff, neutrals or clients. Describe any policies which promote diversity as to race, gender, ethnicity, experience, and training among your staff, your neutrals and your clients.

7. Fees:

If you plan to charge fees for any court-connected service, attach your fee schedule, including specified criteria for fee waived or reduced fee services to be made available to indigent and low income litigants. (Fees must be approved by the Chief Justice of the Department in which services are provided.)

8. Affiliations:

Is your program the parent or subsidiary of any other organization? If so, describe the relationship. Does any officer or employee of the courts have an affiliation or relationship with your program? If your program has a written policy for addressing conflicts of interest, please attach.

9. Divisions:

Please indicate each Trial Court Department in which your program seeks approval and each Division within that Department in which you seek approval.

10. Roster:

Please describe the size and composition of your roster of neutrals including what percentage meet the basic training requirement and the alternative methods requirement.

11. Neutral Qualifications:

Please list, describe and explain how each neutral on your roster satisfies the training, mentoring and evaluation requirements in Rule 8 of the Uniform Rules on Dispute Resolution. Please describe your policies, procedures and record keeping which documents how all neutrals on your roster satisfy the qualification requirements of Rule 8 (b)(v) of the Uniform Rules on Dispute Resolution.

12. Continuing Education:

Please describe how your program intends to implement the ongoing continuing education requirements in Rule 8 of the Uniform Rules on Dispute Resolution and provide a copy of your policy on continuing education.

13. Continuing Evaluation:

Please describe how your program intends to implement the ongoing continuing evaluation requirements in Rule 8 of the Uniform Rules on Dispute Resolution and provide a copy of your continuing evaluation policy.

14. Court

Please describe any court orientation your program provides to your roster of

Orientation:

neutrals and provide a copy of your court orientation policy.

15. Other

Please feel free to add any other information that you believe may assist in the evaluation of your application